

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003773

FILED
May 12, 2006
Secretary of State

Entity Name: RISEN SAVIOR EVANGELICAL LUTHERAN CHURCH, INC.

Current Principal Place of Business:

9664 NAVARRE PKWY
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

9664 NAVARRE PKWY
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 59-3260920 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHEELE, MARTIN J
2344 PRYTANIA CIR
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

PRAHL, STEVEN H
8164 PINOSA ST
NAVARRE, FL 32566 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVEN H. PRAHL

05/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONARD, JAMES
Address: 8680 OLIVERA
City-St-Zip: NAVARRE, FL 32566

Title: V () Delete
Name: SCHMIDT, RICHARD
Address: 704 SOUTHERN COURT
City-St-Zip: GULF BREEZE, FL 32563

Title: TD () Delete
Name: KAHLER, KENNETH
Address: 141 VILLACREST DR
City-St-Zip: CRESTVIEW, FL 32536

Title: SD () Delete
Name: SCHNEIDER, JOHN
Address: 128 LONG POINTE DR
City-St-Zip: MARY ESTHER, FL 32569

Title: D () Delete
Name: RATTER, GEORGE
Address: 8031 WHITE SANDS BLVD.
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: HAGEN, HAROLD
Address: 9310 LUCIAN CT
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CONARD

PD

05/12/2006

Electronic Signature of Signing Officer or Director

Date